

REPORT OF CRIME/INCIDENT ON STATE PROPERTY  
MISSING/LOST PROPERTY

STD. 99 (REV. 7-2004)

☐ ORIGINAL REPORT

☐ SUPPLEMENTAL REPORT

☐ MISSING/LOST PROPERTY

DISTRIBUTION OF COMPLETED STD. 99

Original:

California Highway Patrol  
Protective Services Division  
1801 Ninth Street  
Sacramento, CA 95814

Copy:

State Agency Office Completing Report

Copy:

State Agency Headquarters

Copy:

Bureau of State Audits

Copy:

Department of Finance

State agencies are required to complete and mail a STD. 99, Report of Crime/Incident on State Property Missing/Lost Property, to the California Highway Patrol (CHP) when a crime has occurred on state-owned or state-leased property which was reported to the local law enforcement agency and/or the CHP did not respond and take a report.

PLEASE TYPE OR PRINT ALL INFORMATION

1A. CRIME DATE (Mo./Day/Yr.)	1B. (If unknown, discovery date)	2. CRIME CLASSIFICATION (i.e., Assault, Theft, Vandalism, Etc.)	FOR CHP USE ONLY
3. AGENCY/DEPARTMENT REPORTING CRIME		4. DIVISION/UNIT	5. AGENCY/DEPARTMENT NO.
6. LOCATION WHERE CRIME OCCURRED (Street Address, City, County, Zip Code)			7. TWO-DIGIT COUNTY CODE

8. VICTIM (Check all applicable boxes)

☐ STATE (Building or property)

☐ EMPLOYEE

☐ VISITOR

☐ OTHER (Please describe)

9. WAS A REPORT FILED WITH LOCAL LAW ENFORCEMENT?

☐ YES    ☐ NO    IF YES, NAME OF AGENCY

CASE NUMBER

10. DESCRIBE THE DETAILS OF THE CRIME (Who, What, Where, Why, and How)

11. DESCRIBE TYPE OF STATE FACILITY WHERE CRIME OCCURRED (Check all applicable boxes)

☐ STATE-OWNED

☐ OFFICE/BUILDING

☐ WAREHOUSE/STORAGE FACILITY

☐ MECHANICAL/UTILITY SHOP

☐ STATE-LEASED

☐ PARKING LOT


☐ MAINTENANCE YARD/OPEN LAND

☐ OTHER

COMPLETE THE FOLLOWING SECTION IF ANY PROPERTY WAS LOST, STOLEN OR DAMAGED.  
PLEASE SEE SAM SECTION 8643 FOR COMPLETING THE STD. 152, PROPERTY SURVEY REPORT FORM.

12. DESCRIBE ALL PROPERTY	SERIAL NUMBER (If available)	STATE OWNED/ LEASED	OR	PRIVATELY OWNED	PROPERTY DAMAGE (Estimate damage value)	OR	PROPERTY LOSS (Estimate loss value)

(PLEASE USE ADDITIONAL SHEET IF MORE SPACE IS NEEDED TO LIST PROPERTY)

SIGNATURE OF EMPLOYEE COMPLETING REPORT	PRINTED NAME OF EMPLOYEE COMPLETING REPORT	DATE
		
BUSINESS ADDRESS (Number, Street, City, Zip Code)		PHONE NUMBER
		(       )

QUESTIONS REGARDING THE STD. 99 SHOULD BE REFERRED TO THE CHP, PROTECTIVE SERVICES DIVISION AT (916) 322-3337.